



Automatic Payment Authorization Form

Site Name : _____ henceforth known as the Company, is now offering an automatic payment option. With this option, your monthly payment will automatically be withdrawn from your credit card account.

Personal Information

Name (as it appears on your account or credit/debit card)

Other names on your account or credit card

Current street billing address _____

City, State Zip _____

Home phone _____

Unit number(s) to be automatically paid _____

Required Information for a Charge to my credit card

Credit card type (like Visa) _____

Card Number _____

Expiration Date (mm/yy) _____ CVV Code: _____

Name on Card _____

Credit Card Billing Address (where you receive your credit card statements)

Street or P.O. Box _____

City, State, Zip Code _____

I, _____, the undersigned, authorize the management of Your Storage Center at _____, to charge my credit card specified above for charges incurred on the unit numbers listed above on the Due Date of each month as outlined in the lease agreement.

I also understand that I may terminate this agreement by giving written notice to the Company. I may do this at any time in writing, but must allow 30days after receipt for the Company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

Please enroll my account(s) in the AutoPay Program selected by me.

Tenant Signature

Date